

STATE OF MAINE

***BOARD OF REAL ESTATE APPRAISERS***

**APPLICATION FOR LICENSE**



Department of Professional and Financial  
Regulation

Office of Licensing and Registration  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8522  
TTY/HEARING IMPAIRED: (207) 624-8563  
Fax Line: (207) 624-8637  
Email: [kimberly.j.baker-stetson@state.me.us](mailto:kimberly.j.baker-stetson@state.me.us)

Office located at: 122 Northern Avenue, Gardiner, Maine 04345

## INSTRUCTIONS

- 1) COMPLETE CRIMINAL HISTORY CHECK FORM
- 2) COMPLETE APPRAISER APPLICATION FORM
- 3) HAVE APPLICATION FORM NOTARIZED
- 4) COMPLETE EDUCATIONAL EXPERIENCE FORM AND ATTACH CERTIFICATES OF COMPLETION (N/A FOR RECIPROCAL OR TEMPORARY LICENSE APPLICANTS)  
(COURSE LIST AVAILABLE AT THE WEB SITE: [www.maineprofessionalreg.org](http://www.maineprofessionalreg.org))
- 5) COMPLETE SUPERVISOR FORM (NEW TRAINEES ONLY)
- 6) COMPLETE WORK EXPERIENCE FORM (N/A FOR TRAINEES, TEMPORARY OR RECIPROCAL LICENSE APPLICANTS)
- 7) COMPLETE "CONSENT TO SERVICE FORM" (FOR OUT-OF-STATE APPLICANTS ONLY)
- 8) ENCLOSE AN ORIGINAL "CERTIFICATE OF GOOD STANDING" FROM CURRENT LICENSE STATE (RECIPROCAL AND TEMPORARY APPLICANTS ONLY)
- 9) ENCLOSE COPY OF CONTRACT OR ENGAGEMENT LETTER (TEMPORARY APPLICANTS ONLY)
- 10) ENCLOSE CHECK OR MONEY ORDER PAYABLE TO "TREASURER STATE OF MAINE"  
FOR TOTAL FEE INDICATED ON APPLICATION FORM PLUS \$15 FOR THE CRIMINAL HISTORY RECORDS CHECK.
- 11) MAIL ALL TO:

**MAINE BOARD OF REAL ESTATE APPRAISERS  
35 STATE HOUSE STATION  
AUGUSTA, ME 04333**

### **THE BOARD CURRENTLY HAS RECIPROCITY WITH THE FOLLOWING STATES:**

Arizona	Arkansas	Connecticut	Colorado	Georgia
Kentucky	Mississippi	Missouri	Massachusetts	New Jersey
New Hampshire	New York	North Dakota	Ohio	Oregon
Pennsylvania	Rhode Island	South Carolina	South Dakota	Tennessee
Texas	Utah	Vermont	West Virginia	Wyoming

For those states with which the State of Maine does not have an agreement, applicants need to submit a copy of current license laws of their current license state and the laws under which the license was received.



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
BOARD OF REAL ESTATE APPRAISERS  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

JOHN ELIAS BALDACCI  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

## REAL ESTATE APPRAISER LICENSING REQUIREMENTS

The following table reflects the licensing standards for new licensees and/or those upgrading an existing license as set by the Appraiser Qualifications Board (AQB) of the Appraisal Foundation. (Effective January 1, 1998)

License Category	Qualifying Education	Experience	Exam Required
<b>TO QUALIFY FOR:</b>			
APPRAISER TRAINEE	75 HRS OF APPROVED COURSES INCLUDES 15 HRS FOR USPAP	NONE	NONE
LICENSED APPRAISER	90 HRS OF APPROVED COURSES INCLUDES 15 HRS FOR USPAP	2000 HRS*	YES
CERTIFIED RESIDENTIAL	120 HRS OF APPROVED COURSES INCLUDES 15 HRS OF USPAP	2500 HRS* must include major residential experience and at least 24 months	YES
CERTIFIED GENERAL	180 HRS OF APPROVED COURSES INCLUDES 15 HRS OF USPAP	3000 HRS* ½ must be commercial and at least 30 months	YES

\*Hours are cumulative



PRINTED ON RECYCLED PAPER  
(207) 624-8563 TTY/HEARING IMPAIRED)

PHONE: (207) 624-8522

FAX: (207) 624-8637

OFFICES LOCATED AT:  
122 NORTHERN AVENUE, GARDINER, MAINE 04345

State of Maine  
Department of Professional & Financial Regulation  
Office of Licensing & Registration  
**BOARD OF REAL ESTATE APPRAISERS**  
35 State House Station  
Augusta ME 04333-0035  
TEL (207) 624-8522 FAX (207) 624-8637 TTY (207) 625 8563

Cash #: \_\_\_\_\_

## Maine Board of Real Estate Appraisers License Application

Have you ever been convicted of a crime by any court? ☐ YES ☐ NO

If YES, please describe in detail, on a separate sheet, the date(s), crime(s), and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

In which states (if any) do you hold a valid appraiser license? \_\_\_\_\_

Has any license you have ever held in this or any other state been suspended or revoked? ☐ YES ☐ NO

Do you have a high school diploma or equivalent? ☐ YES ☐ NO

### CHARACTER REFERENCES

List three (3) persons you have known for at least one year, not related to you, who will attest to your reputation for honesty, truthfulness, fair dealing and competency.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Endorser: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Endorser: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Endorser: \_\_\_\_\_

### NOTARIZATION OF APPLICATION ALL APPLICATIONS MUST BE NOTARIZED

The undersigned, in making this application, swears (or affirms) that he/she is the applicant named herein and that all information provided in connection with this application is true to the best of his/her knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to suspend or revoke a license or certification issued by the Board. The undersigned applicant further authorizes all law enforcement agencies and officials thereof to release to the Maine State Board of Real Estate Appraisers any and all criminal history record information pertaining to said applicant.

Signature of Applicant: \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Printed Name of Notary Public \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

**MAINE STATE BOARD OF REAL ESTATE APPRAISERS  
35 STATE HOUSE STATION, AUGUSTA, ME 04333  
Office Phone (207) 624-8522**

**EDUCATIONAL EXPERIENCE**

**APPLICANT'S NAME:** \_\_\_\_\_

**PLEASE NOTE:**

**COURSE COMPLETION CERTIFICATES MUST ACCOMPANY THIS ATTACHMENT**

<b>Course Title</b>	<b>Course Sponsor</b>	<b>Dates Taken</b>	<b>No. Hours</b>	<b>for office use</b>

If you have completed an appraisal course that does not appear on our “approved course list” , you may apply for individual approval. Please submit the following: individual request form; \$10.00 fee; course syllabus; brief description of the course (from the provider); certificate of completion from the provider. Submission of an individual request is not a guarantee of approval.

**MAINE STATE BOARD OF REAL ESTATE APPRAISERS**  
**35 State House Station, Augusta, ME 04333-0035**  
**(207) 624-8522 VOICE      (207) 624-8563 TTY      (207) 624-8637 FAX**  
**E-MAIL: [kimberly.j.baker-stetson@state.me.us](mailto:kimberly.j.baker-stetson@state.me.us)**

**REGISTRATION TRAINING FORM**

Applicant's Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

List the name of the licensed/certified supervisor responsible for your training:

\_\_\_\_\_  
Supervisor's complete name

\_\_\_\_\_  
license/certification # & Expiration Date

Alternate supervisor (if applicable)

\_\_\_\_\_  
Alternate's complete name

\_\_\_\_\_  
license/certification # & Expiration Date

Registered Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**THIS SECTION TO BE COMPLETED BY THE SUPERVISOR**

I acknowledge that I will be responsible for the training for the applicant mentioned herein, and that the applicant must work under my supervision and cannot at any time practice as an appraiser unsupervised.

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE:**

**THE SUPERVISING APPRAISER IS REQUIRED TO ACCOMPANY THE TRAINEE ON THE FIRST FIFTY APPRAISALS AND SHALL MAINTAIN ACCURATE, UP-TO-DATE RECORDS OF ALL APPRAISAL RELATED ACTIVITIES DONE BY THE REGISTERED APPRAISER TRAINEE. HOURS SHALL BE REPORTED TO THIS OFFICE ON A FORM PRESCRIBED BY THIS OFFICE NO LATER THAN THE 10TH OF EACH MONTH.**

**FORMS FOR REPORTING WORK EXPERIENCE WILL BE SENT TO YOU UPON APPROVAL OF THE REGISTRATION.**

**ANY CHANGES IN NAME, ADDRESSES OR EMPLOYMENT MUST BE REPORTED IMMEDIATELY.**



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
BOARD OF REAL ESTATE APPRAISERS  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

JOHN ELIAS BALDACCI  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

**FEE: \$15**

(You may pay with **one** check that includes both the license fee **and** the criminal records check fee.)

## CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Complete the box below and return this form with your license application and fee payable to Treasurer, State of Maine.

### PRINT IN INK ONLY

Name: \_\_\_\_\_  
Last First Middle

Complete Mailing Address: Street/P O Box \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Social Security/Federal I.D. #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

All other names used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



PRINTED ON RECYCLED PAPER

(207) 624-8563 (HEARING IMPAIRED)

PHONE: (207)624-8522 OFFICE PHONE

FAX: (207)624-8637

OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER, MAINE



MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
OFFICE OF LICENSING & REGISTRATION  
BOARD OF REAL ESTATE APPRAISERS  
35 STATE HOUSE STATION, AUGUSTA, ME 04333-0035  
Office Phone (207) 624-8522  
Receptionist (207) 624-8603

IRREVOCABLE CONSENT TO SERVICE FORM

PLEASE TYPE OR PRINT LEGIBLY:

Name of applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Legal Residence: \_\_\_\_\_

\*\*\*\*\*

WHEREAS, I \_\_\_\_\_, of \_\_\_\_\_ in

the State of \_\_\_\_\_ have made application for a nonresident license to practice as a real estate appraiser in the State of Maine in accordance with the provisions of 32 MRSA, Chapter 123; and

WHEREAS, pursuant to 32 MRSA §13977, it is necessary for a nonresident license applicant to file an irrevocable consent to service agreement with the Commissioner of the Department of Professional and Financial Regulation;

NOW, THEREFORE, I hereby execute and file with the Commissioner of the Department of Professional and Financial Regulation this irrevocable consent that actions may be commenced against me in the proper court of any county of the State of Maine in which a cause of action may arise or in which the Plaintiff may reside, by the service of the process or pleading on the Commissioner shall be taken and held in all courts as valid and binding as if due service had been made upon me personally within the State of Maine.

IN WITNESS WHEREOF, I have hereunto signed my name this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\*\*\*\*\*

State of \_\_\_\_\_ County of \_\_\_\_\_, ss. On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

the above named \_\_\_\_\_ personally appeared before me and acknowledged the foregoing instruments to be his/her free act and deed for the uses and purposes herein stated.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expiration date of commission



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF LICENSING & REGISTRATION  
MAINE BOARD OF REAL ESTATE APPRAISERS  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

JOHN ELIAS BALDACCI.  
GOVERNOR

TEL: (207) 624-8522 FAX: (207) 624-8637

ANNE L. HEAD  
DIRECTOR



### AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application.  
**Payment through credit cards will not be processed without this authorization form.**

<b>Name of applicant:</b> (fees being paid for)		
<b>Mailing Address of applicant:</b> (fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone #:</b> ( ) -	
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

[ ] Visa [ ] MasterCard \_\_\_\_\_

Card number

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OFFICE: (207)624-8522

PRINTED ON RECYCLED PAPER  
(207) 624-8563 (TTY/HEARING IMPAIRED)

FAX: (207)624-8637

OFFICES LOCATED AT:  
122 NORTHERN AVENUE, GARDINER, MAINE 04345